

Please type a plus sign (+) inside this box. → ☒

06-02-00.

PTO/SB/05 (2/98)

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

P01899US2

First Inventor or Application Identifier

Huda Y. Zoghbi

Title

Compositions and Methods for the Therapeutic Use an Atonal-Associated Sequence for Deafness, Osteoarthritis and Abnormal Cell Proliferation

Express Mail Label No.

EK102714210US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification (preferred arrangement set forth below) **Total Pages** 135
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Reference of Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) **Total Sheets** 14
4. ☐ Oath or Declaration **Total Pages**
- ☐ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R. §§
1.63(d)(2) and 1.33 (b)
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or
declaration is supplied under Box 4b, is considered to be a part of the
disclosure of the accompanying application and is hereby incorporated by
reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ *Small Entity Statement(s) (PTO/SB/09-12) ☐ Statement filed in prior
application, Status is proper and
desired
15. ☐ Certified Copy of Priority Document(s)
16. ☒ Other: Priority claimed: 60/137,060 filed 6/1/99 and
60/176,993 filed 1/19/00

*** NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: _____ Examiner: _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar code label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

| | | | | | |
|---------|--|-----------|----------------|----------|----------------|
| Name | Melissa L. Sistrunk | | | | |
| Address | Fulbright & Jaworski L.L.P., 1301 McKinney, Suite 5100 | | | | |
| City | Houston | State | TX | ZIP Code | 77010-3095 |
| Country | | Telephone | (713) 651-3735 | Fax | (713) 651-5246 |

| | | | |
|-------------------|----------------------------|-----------------------------------|----------|
| Name (Print/Type) | Melissa L. Sistrunk | Registration No. (Attorney/Agent) | 45,579 |
| Signature | <i>Melissa L. Sistrunk</i> | Date | 6/1/2000 |

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28

Complete If Known

| | |
|----------------------|-----------------------|
| Application No. | To be assigned |
| Filing Date | 6/1/2000 |
| First Named Inventor | Huda Y. Zoghbi et al. |
| Examiner Name | |
| Group / Art Unit | |
| Attorney Docket No. | P01899US2 |

TOTAL AMOUNT OF PAYMENT \$ **1,626.00**
METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 06-2375 under Order No. 09906355

Deposit Account Name Fulbright & Jaworski L.L.P.

- ☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|----------------|-----------------|----------------|-----------------|--|----------|
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2520 | 147 | 2520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to examiner action | |
| 113 | 1840* | 113 | 1840* | Requesting publication of SIR after examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 380 | 216 | 190 | Extension for reply within second month | |
| 117 | 870 | 217 | 435 | Extension for reply within third month | |
| 118 | 1360 | 218 | 680 | Extension for reply within fourth month | |
| 128 | 1850 | 228 | 925 | Extension for reply within fifth month | |
| 119 | 300 | 219 | 150 | Notice of Appeal | |
| 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | |
| 121 | 260 | 221 | 130 | Request for oral hearing | |
| 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1210 | 241 | 605 | Petition to revive - unintentional | |
| 142 | 1210 | 242 | 605 | Utility issue fee (or reissue) | |
| 143 | 430 | 243 | 215 | Design issue fee | |
| 144 | 580 | 244 | 290 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 C.F.R. 1.129(b)) | |
| 149 | 760 | 249 | 380 | For each additional invention | |

Other fee (specify)

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)**FEE CALCULATION****1. BASIC FEE FILING**

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|---------------------|-----------------|----------------|-----------------|------------------------|---------------|
| 101 | 760 | 201 | 380 | Utility filing fee | 345.00 |
| 106 | 310 | 206 | 155 | Design filing fee | |
| 107 | 480 | 207 | 240 | Plant filing fee | |
| 108 | 760 | 208 | 380 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | \$ 345 |

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 119 | - 20** = 99 | X 9 = | 891 |
| 13 | - 3** = 10 | X 39 = | 390 |
| Multiple Dependent | | | |

**or number previously paid, if greater; For Reissues, see below

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description |
|----------------|-----------------|----------------|-----------------|--|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 78 | 202 | 39 | Independent Claims in excess of 3 |
| 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid |
| 109 | 78 | 209 | 39 | ** Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)**1,281****SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name Melissa L. Sistrunk

Reg. Number

45,579

Signature

Melissa L. Sistrunk

Date

June 1, 2000

Deposit Account User ID